

## CITIZENSHIP INFORMATION FORM FOR NON-U.S. CITIZENS

All foreign nationals (non-U.S. citizens) are required by the U.S. Government to provide citizenship information in order to be admitted to the Argonne National Laboratory site. To ensure that you will be able to attend the MEDSI 2002 Workshop, we recommend that you send in your citizenship information no later than **August 2**, **2002**. If we do not receive the completed form by this date, there is a chance that some individuals may not be able to get onsite.

Please complete one of these forms for **each** foreign national coming to the Argonne site, and mail/fax them to the address/fax number below.

| Name:First  | Middle (if none, put <b>NMI</b> )  | Last (Family)  |
|---|------------------------------------|--|
| Organization:   |                                    |  |
| Department or Division:   |                                    |  |
| Address:  |                                    |  |
| Additional Address:   |                                    |  |
| City:   | State/Province:                    | Postal Code  |
| Country:  | E-mail:                            |  |
| Telephone:  | Fax:                               |  |
| Date of Birth (mm/dd/yyyy): / _   | / Country of Citizensh             | ip:  |
| Place of Birth:City   | Country                            |  |
| Passport No.  | Country of Issue :                 |  |
| Expiration date (mm/dd/yyyy) :  | //                                 |  |
| Type of visa:   |                                    |  |
| Expiration date (mm/dd/yyyy) :  | //                                 |  |
| Gender:   |                                    |  |
| Title or position (e.g., research scientist                               | )                                  |  |
| Are you a Permanent Resident Alien:  If Yes, Permanent Resident Alien No. | en No.: Please mail or fax this fo |  |
| Are you currently in the U.S.:  |                                    | MEDSI 2002 Argonne National Laboratory Building 401, C4249 |
| Arrival date at Argonne (mm/dd/yyyy):                                     |                                    |  |
| Departure date from Argonne(mm/dd/y                                       | עעעע): / /                         | FAX: 1 630.252.1512  |